

TEHDI FOLLOW-UP AND INTERVENTION FORM



OUTPATIENT SCREENING * DIAGNOSTIC EVALUATION * EARLY CHILDHOOD INTERVENTION * HABILITATION

- ✓ Please complete all areas of the form, where applicable for the date of service. Use this form to report the following for children 0 5 years:

 1) Initial Diagnostic Assessment

 2) Any Change in the Diagnosis of Hearing

 3) Fitting of Amplification Or Assistive Devices

 4) Any Referrals to Specialists
- ✓ Fax completed forms to 817-385-3939 ATTN: TEHDI Program. The Department of State Health Services will use this information to update the patient's TEHDI eSP™ record for tracking and follow-up care management.

Today's Date // Date of Service // Reason for Service							
Name of Person Completing Form					Phone Number		
Office/Practice/Facility Name , City					Email Address		
CHILD'S / PATIENT'S INFORMATION ★ INDICATES A FIELD USED TO MATCH CHILD IN TEHDI eSP TM							
★Child's Name (Last, First)					*Date of Birth ★Gender		
★Birth Hospital's Name, City					★Child's Medicaid Number		
★Mother's Name (Maiden Name if Available)					★Mother's Medicaid Number		
Caregiver's Name					★Father's Last Name		
Caregiver's Street Address							
City, State Zip					Caregiver's Phone Number		
Primary Care Physician's (PCP) Name, City					PCP's Phone Number		
SCREENING OR DIAGNOSTIC EVALUATION							
ASSESSMENT TYPE(S) ☑ ALL THAT APPLY.			LEFT EAR		RIGHT EAR		
DIAGNOSTIC EVALUATION SCREENING			☐ Pass ☐ Refe	er Not Done		Refer Not Done	
	□DPOAE		☐ Pass ☐ Refe	er Not Done	☐ Pass	Refer Not Done	
	☐ TEOAE		☐ Pass ☐ Refe	er Not Done	☐ Pass	Refer Not Done	
	☐ DPOAE	□R	ecordable Not Recordable	e	Recordable Not Re	cordable Inconclusive Not Done	
	☐ TEOAE		-	e	Recordable Not Recordable Inconclusive Not Done		
	☐ Tympanometry	FREQUENCY TYPE			FREQUENCY	ТүрЕ	
	☐ Click ABR	220Hz 660Hz 1000 Hz TYPE		☐ A ☐ B ☐ C ☐ As ☐ Ad DEGREE	220Hz 660Hz 100 TYPE	00 Hz ABBCASAS Ad DEGREE	
	Toneburst ABR	DIAGNOSIS	Normal	☐ Not Applicable	Normal	□ Not Applicable	
	Bone Conduction ABR		Sensorineural	Slight (16-25 dBHL)	Sensorineural	Slight (16-25 dBHL)	
			<u></u>		_		
	ASSR		Conductive	Mild (26-40dBHL)	Conductive	Mild (26-40dBHL)	
	BOA		Mixed	Moderate (41-55 dBHL)	Mixed	Moderate (41-55 dBHL)	
	☐ VRA		Auditory Neuropathy	Mod. Severe (56-70 dBHL)	Auditory Neuropathy	Mod. Severe (56-70 dBHL)	
	☐ Puretone		☐ Not Yet Determined	Severe (71-90 dBHL)	☐ Not Yet Determined	Severe (71-90 dBHL)	
	Other			Profound (91+ dBHL)		Profound (91+ dBHL)	
REFERRALS AND/ OR APPOINTMENTS WITH SPECIALTY PROVIDERS ALL THAT APPLY AND PROVIDE REQUESTED INFORMATION.							
☐ Early Childhood Intervention Provider					Referral Date		
ENT/Otolaryngology Provider						Appointment	
Genetic Evaluation Provider Appointment							
Other (Specify Specialty) Habilitation			Provider Amplification Fit		Appointment Date of Fit		
RECOMMENDATIONS							
Notes							
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